
County: Dodge CLEARVIEW SOUTH 199_HOME ROAD JUNEAU 53039 Phone: (920) 386-3400
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 181
Total Licensed Bed Capacity (12/31/00): 211
Number of Residents on 12/31/00: 155 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 163

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	l/ 00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	31. 6 43. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	$0.6 \\ 31.6$	Under 65 65 - 74	26. 5 12. 9	More Than 4 Years	24. 5
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	11. 0 0. 0	75 - 84 85 - 94	29. 0 23. 9	*********	100. 0 ******
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemi pl egi c Cancer	1. 9 1. 9	95 & 0ver	7.7	Full-Time Equivalen Nursing Staff per 100 Re	t sidonts
Home Delivered Meals Other Meals	No Yes	Fractures Cardi ovascul ar	0. 6 18. 1	65 & 0ver	100. 0 73. 5	(12/31/00)	Sidents
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	11. 6 5. 8	03 & 0ve1 Sex	73. 3	RNs LPNs	6. 6 15. 8
Other Services	No	Respi ratory	3. 9			Nursing Assistants	
Provide Day Programming for Mentally III	Yes	Other Medical Conditions	12. 9	Male Fennale	35. 5 64. 5	Aides & Orderlies	52. 6
Provide Day Programming for Developmentally Disabled ************************************	Yes	· • • • • • • • • • • • • • • • • • • •	100. 0	 	100.0		***

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manageo	d Care	Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	2	1. 5	\$123. 68	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	1. 3%
	-			-			-			•			-				
Skilled Care	4	100. 0	\$187. 13	121	93. 1	\$105.01	0	0. 0	\$0.00	21		\$160.00	0	0.0	\$0.00	146	94. 2%
Intermedi ate				6	4. 6	\$86. 33	0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0. 00	6	3. 9%
Limited Care				1	0.8	\$73. 88	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.6%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Venti l ator- Depender	nt 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100. 0		130	100.0		0	0.0		21	100.0		0	0. 0		155	100. 0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on:	s, Servi ces	s, and Activities as o	of 12/31/00
Deaths During Reporting Period				0/ N	1		
D			0/		eedi ng	o/ m . 11	Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	13. 3	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 6	(31. 3	38. 1	155
Other Nursing Homes	17. 8	Dressing	11. 0	;	51. 6	37. 4	155
Acute Care Hospitals	48. 9	Transferring	31. 0	4	12. 6	26. 5	155
Psych. HospMR/DD Facilities	7.8	Toilet Use	22. 6	4	11.3	36. 1	155
Rehabilitation Hospitals	3. 3	Eati ng	41. 9	4	1 5. 8	12. 3	155
Other Locations	8. 9	********	******	******	*******	********	************
Total Number of Admissions	90	Continence		% S ₁	ecial Trea	atments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	7. 1	Recei vi ng	Respiratory Care	8. 4
Private Home/No Home Health	14. 5	Occ/Freq. Incontinen	t of Bladder	54. 8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.9	Occ/Freq. Incontinent	t of Bowel	45. 2	Recei vi ng	Suctioning *	0. 6
Other Nursing Homes	10. 9	_			Recei vi ng	Ostomy Care	5. 8
Acute Care Hospitals	7. 3	Mobility			Recei vi ng	Tube Feeding	3. 2
Psych. HospMR/DD Facilities	3. 6	Physically Restraine	d	12. 9	Recei vi ng	Mechanically Altered	Di ets 38.1
Reĥabilitation Hospitals	0.0				8	v	
Other Locations	8. 2	Skin Care		01	ther Reside	ent Characteristics	
Deaths	54 . 5	With Pressure Sores		10. 3	Have Advar	nce Directives	70. 3
Total Number of Discharges		With Rashes		9.0 M	edi cati ons		
(Including Deaths)	110			***********	Receiving	Psychoactive Drugs	58. 1
**********	****	*****	****	****		· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*****

		Ownershi p:			Si ze:		ensure:		
	This Government		20)O+	Ski l	l ed	Al l		
	Facility Peer Group		Group	Peer	Group	Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77. 3	86. 7	0.89	88. 2	0. 88	87. 0	0.89	84. 5	0. 91
Current Residents from In-County	70. 3	58 . 7	1. 20	47. 8	1.47	69. 3	1. 01	77. 5	0. 91
Admissions from In-County, Still Residing	42. 2	28. 8	1. 47	25. 6	1.65	22. 3	1.89	21. 5	1. 96
Admissions/Average Daily Census	55. 2	57. 6	0. 96	57. 0	0. 97	104. 1	0. 53	124. 3	0.44
Discharges/Average Daily Census	67. 5	61.8	1. 09	58. 7	1. 15	105. 4	0.64	126. 1	0. 54
Discharges To Private Residence/Average Daily Census	10. 4	17. 2	0.61	16. 4	0. 64	37. 2	0. 28	49. 9	0. 21
Residents Receiving Skilled Care	95. 5	82. 5	1. 16	79. 6	1. 20	87. 6	1. 09	83. 3	1. 15
Residents Aged 65 and Older	73. 5	88. 2	0. 83	89. 9	0.82	93. 4	0. 79	87. 7	0.84
Title 19 (Medicaid) Funded Residents	83. 9	80. 0	1. 05	78. 9	1.06	70. 7	1. 19	69. 0	1. 22
Private Pay Funded Residents	13. 5	16. 8	0. 80	17. 6	0. 77	22. 1	0. 61	22. 6	0. 60
Developmentally Disabled Residents	0. 6	0. 9	0. 75	0. 5	1. 35	0. 7	0. 90	7. 6	0.08
Mentally Ill Residents	42. 6	48. 7	0.87	38. 1	1. 12	37. 4	1. 14	33. 3	1. 28
General Medical Service Residents	12. 9	17. 6	0. 73	21. 8	0. 59	21. 1	0. 61	18. 4	0. 70
Impaired ADL (Mean)	54. 5	43. 1	1. 26	40. 9	1. 33	47. 0	1. 16	49. 4	1. 10
Psychological Problems	58. 1	59 . 3	0. 98	55. 9	1.04	49. 6	1. 17	50. 1	1. 16
Nursing Care Required (Mean)	9. 4	7. 2	1. 31	7. 3	1. 29	7. 0	1. 34	7. 2	1. 32